AF/3672

FEE TRANSMITTAE 42

APR 2 6 2006

	Complete if Known	
Application Serial No.	09/965,983	
Filing Date	September 28, 2001	
First Named Inventor	Joseph G. RADZIK	
Group No.	3672	
Examiner Name	Collins, G.	
Confirmation No.	5169	

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		128		/ Confirma	ation	No.		169			
METHOD OF CAMMENTED						FEE CALCULATION (continued)					
Payment Enclosed:				Ţ	4. ADDITIONAL FEES						
☐ Check ☐ Money Order ☒ Other					Large Entity	Small Entity					
The Commissioner is hereby authorized to credit or charge any fee				Fee(\$)	Fee (\$		Description		Fee Paid		
indicated below for this submission to Deposit Account No. 50-3081 Required Fees (copy of this sheet enclosed).					1	130	6:	5 Surcha	rge - late filing fee o	r oath	
Additional fee required under 37 CFR 1.16 and						50	2:		rge - late provisiona	I filing fee or	
1.17. Overpayment Credit.						130	130		cover sheet Non-English specification		
Applicant claims small entity status.						2,520	2,52	0 Reques	Request for ex parte re-examination		
		ALCULA'				120	6	0 Extens	ion for reply within	1 st mo.	120.00
1. BASIC FILIN				FEES		450	22:	5 Extens	Extension for reply within 2 nd mo.		
Application Type	Filing	Search	Examination	Fee Paid		1,020	510		ion for reply within		
Utility	300	500	200		\dashv	1.590	79:	5 Extens	ion for reply within	4 th mo	
Design	200	100	130	-	_	2,160	1,086		ion for reply within		
Plant	200	300	160			500	250		of Appeal		*
Reissue	300	500	600		\dashv	500	250		a brief in support of	an anneal	500.00
Provisional	200	0	0			1,000	500	•	st for oral hearing	ан аррсаг	300.00
FIOVISIONAL			Discount	 	-	400					
	ა			-	-	180	180		Petitions to the Director Submission of IDS		
A 774 CT CC CY 1	T. / 77770	1.	TOTAL Fee	Small Entity						1	
2. EXCESS CLA	Over 20 or, for R	eissnes each		Fee (\$)		790	39:		a submission after fi on (37 CFR 1.129(a)		
	d more than in the			25				_		_	
				790	For each additional invention to be						
Each independent claim over 3 or, for Reissues, 200 100 each independent claim more than in the original			'				ned (37 CFR 1.129(b				
patent.				100 Certificate of Correction for applicant's							
Total Claims Extra Claims Fee Paid (\$)			130	6:	error 5 Submis	Submission of Terminal Disclaimer					
- 20 or HP= x \$ =					l						
HP = highest number of total claims paid for, if greater than 20					ı	Other fee (Specify)					
Indep. Claims		Extra Claims		Fee Paid (\$)	$\neg \neg$		`	·			
- 3 or HP= x \$=					Other fee	(Specify))			(22.22	
HP = highest number of total claims paid for, if greater than 3									4.	TOTAL:	620.00
Multiple Dependent	· · · /		l Entity fee (\$)	Fee Paid (\$	6)						
Claims	360	18	.0						тота	L AMOUNT S	NIRMITTED
			2. TOTAL:		-						20.00
3. APPLICATIO	N SIZE EFF			1.	\dashv			SICN	ATURE BLOCK		
						- ;		SIGN	AT UNE BLUCK		
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction					ize			By:	Respectfully su	ıbmitted,	
there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							~. ⟨ <u>\</u>	100	/LEG.	NO. 7LL	
			50 or fraction	Fee (\$) Fe		Date: 4	26/06	, <i>y</i>	MATH	153,	164
Sheets		hereof	un to a	Pa		Reg. No.:	38 708	I.	David W. Laul	<u> </u>	
-100= 0	/50=	round u		= 0.0	00	Tel. No.: ((617) 52		Attorney for th	e Applicant	(s)
3. TOTAL:					Fax No.: ((617) 52	6-9899	Proskauer Rose	e LLP		
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